MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028325

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 30

FILED SEP 11 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY BENTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARSAW MO — Length of stay in 1b 8months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY BENTON
c. CITY OR TOWN WARSAW — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First TAYLOR Middle R Last MCBEE D.O.

4. DATE OF DEATH Month SEPT. Day 2 Year 1961

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH Mar 22, 1906

9. AGE (last birthday) 55 — IF UNDER 1 YEAR Months 6 Days 10 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OSTEOPATHIC PHYSICIAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Hugo, Okla.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William M. McBee

13b. MOTHER'S MAIDEN NAME Della May O'Guinn

14. NAME OF HUSBAND OR WIFE MARGARET MCBEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT MARGARET MCBEE Address WARSAW MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CIRCULATORY FAILURE, ACUTE	MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ACUTE CORONARY THROMBOSIS	3 WEEKS
DUE TO (c)	DIABETES MELLITUS AND ARTERIOSCLEROSIS	3 YRS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from JAN., 15, 1961, to SEPT., 2, 1961 and last saw her/him alive on SEPT., 2, 1961

Death occurred at 5:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Russ Salley DO

22b. ADDRESS WARSAW, MO.

22c. DATE SIGNED 9-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE SEPT 5, 1961

23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery

23d. LOCATION (City, town, or county) (State) Lincoln, Benton, MO

24. FUNERAL DIRECTOR John F. Reser ADDRESS Warsaw

25. DATE RECD. BY LOCAL REG. Sept. 3-1961

26. REGISTRAR'S SIGNATURE Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.